

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047786

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 322

FILED DEC 23 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Clinton

Length of stay in 1b

7 day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Wetzel Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

Benton

admission)

c. CITY

OR

TOWN WARSAW

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS (If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
STEPHEN B. ADAMS

4. DATE  
OF DEATH

Month Day Year  
Dec 15 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

Feb. 12, 1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Ret. Grocery man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Eldon, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Elijah Adams

13b. MOTHER'S MAIDEN NAME

Belle Kays

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Box 36  
William R. Adams Shawnee Lake, Calif

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Infection & Debilitation

10 days

DUE TO (c)

Cerebral Thrombosis

12 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-8-63 to 12-15-63 and last saw her alive on 12/15/63

Death occurred at 5:28 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clinton L. Glasgow

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

12/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

Union Cemetery

23d. LOCATION (City, town, or county)

Eldon Miller Co, Mo

24. FUNERAL DIRECTOR

ADDRESS

John F. Reser

WARSAW

25. DATE RECD. BY LOCAL REG.

Dec. 17, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
1 0425  
2 0080  
3 1  
4 0  
5 3  
6  
7 0  
8 2  
9 332X  
10  
11  
12 2-2  
13 1-0

APR 29 1966

JAN 7 1964

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*John F. Reser*

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

335X

Permit Obtained 12-19-65

(M.B.)